SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zonling Depart.
PO Box 58
Washburn, Wi 54891
(715) 373-6138

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BAYETETD COUNTY, WISCONSIN APPLICATION FOR PERMIT

Bayfield Co. Zoning Dept.

Refund:	Amount Paid: \$75	Date: 5-04	Permit #: D-OH
	W/tils		

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

					Municipal Use				☐ Commercial Use				Residential Use	`		Proposed Use	Proposed Construction.	Existing Structure:					10/10/20/20/20/20/20/20/20/20/20/20/20/20/20	-1	000000000000000000000000000000000000000	Value at Time of Completion * include donated time & material	□ Non-Shoreland	Shoreland —		Section	1/4,	LOCATION		Authorized Agent: (Person Sign	Monte	-281 /	Address of Property:	Owner's Name:	TYPE OF PERMIT REQUESTED	O NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
					. T				Jse				se			•	.Hon.	(if permit being		Property	☐ Run a Business on	Relocate (existing bldg)	☐ Conversion	Addition/Alteration	New Construction	Project (What are you applying tor)		☐ Is Property/L	Is Property/I	, Township	1/4	Legal Description: (Use Tax Statement)	7 2/300			ske Ko	5	Ricke	A10.000 (A10.000)	TION UNTIL ALL PI
Other: (explain)	Condition	Special Use: (explain)		Accessory	Accessory Building	Addition/	Mobile Ho	Bunkhous						Kesidence	Principal S			gapplied for			ess on	sting bldg)		teration	uction	t (not gaive		and within	and within vard side of	44 N,	0.	on: (Use Tax S	0/1	ing Application on behalf of Owner(s))	Const	sult,		3	X LAND USE	ERMITS HAVE
plain)	Conditional Use: (explain)	e: (explain)		Accessory Building Addition/Alteration (specify)		Addition/Alteration (spe	Mobile Home (manufactured date)	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters,	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	with loft	Principal Structure (first structure on property)	3		(if permit being applied for is relevant to it)		Foundation	1	☐ Basement	☐ 2-Story		X 1-Story	# of Stories and/or basement		☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage	Is Property/Land within 300 feet of River, Stream (Incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue	N, Range		<u></u>	_ .		-				□ SANI	BEEN ISSUED TO AI
	- The state of the		Leuropool 1	ion/Altera	(specify)	(specify)	ed date)	, <u>or</u> □ slee	d Garage	웃		rch		ting snack,	structure o	Propo	rengen.	Length:			nt		X		_ s	ent	If yescantinue	, Pond or Fl	Stream (inc	W	1	04-00H-	PIN: (23 digits)	Agent Phone:	7115 795 2220	Contractor Phone:	Ciry/State/4	/S236	• 1999	PPLICANT.
		- And Anna Calendary		tion (specify)	Barase			ping quarters,					1000	etc.)	n property)	Proposed Structure		7 2 2 3 3 4 3 5				•	X Carage	Year Round	Seasonal	Use	ntinue 🛶	owage	:l. Intermittent)	Town of: \mathcal{B}_{i}	6	04-004-2-44-08-08-3		_		1,00	is.	Balder	NY.	МОН
TO CONSTRUCTION WITHOUT A DEPART WILL DECLIT IN DENAIT IN	ALL STATE OF THE S		i projec)		The state of the s		or 🗆 cooking &								Te .		1 + 17'/2-			None		3	□ 2	_ 1	# of bedrooms		Distance Structure	Distance Stru	Barnes				Agent Maining Address (include	1	Plumber:	7	P+2	☐ CONDITIONAL USE	HOW DO I FILL OUT THIS APPLICATION WEST our website
			lean-					food prep facilities)				- Completely	- Annihitiment					Width:	מור ב	Compost roller	Portable (w/service contract)			☐ (New) Sanitary	☐ Municipal/City	Se	a a Lumina de la companya de la comp	cture is from Shoreline :	Distance Structure is from Shoreline:	T. A. C.		05-006-09000		Man College	A disclined City		7	Eden Acari		HIS APPLICATION
DENIAL TIES			102) ((ities) ()	_	_	(_ -				,		loilet	(w/service) or	(Exists) S	nitary Sp	I/City	What Type of Sewer/Sanitary System Is on the property?	feet	oreline :	oreline :	Lot Size	-		Recorded Do	a Bornes	/S+ate /7in			6 M/M	☐ SPECIAL USE	(visit our we
\ ×	.	×		16 ×	3/ ×	×	×	×	×	×	×	×	×	×	< ×	Dimensions					contract)	Vaulted (pecify Typ	Specify Type:		What Type of er/Sanitary Syst on the property						ision:	ed Docum	M 1"				N 55347		ebsite www
_			-3	34)	191)	,) .)	_)))	_	_	ions		Height:			- Annua page	ted (min 200 gallon)	Sanitary (Exists) Specify Type: Draingeld	3		èm ?	 No O	XYes	Is Property in oodplain Zone?	Acreage	The state of the s	Page	ent: (i.e. Prop	Attached	MA Authoriz	Plumber	Ç.	6/2 - 96_	B.O.A. OTHER	bayneldcoun
	MATERIAL PROPERTY.		133	456	589	A Linear St				- Average	A THE PROPERTY OF THE PROPERTY			Company the state of the state	and the state of t	Square Footage		101		***************************************		on)		W Well	□ City	Water	X S		Are	J.O.7		(s) 645	perty Ownership)	Attached Yes No	Authorization	Phone:	Ĩ	1235	OTHER	e www.bayrieidcounty.org/zoning/aspj

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I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) previding and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

			4.		
***************************************	Address to send permit 2223 /on R. Banes W. 54873		Authorized Agent:	(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application	
	22% 22%	myed are signing on behalf of the owner(s) a letter of authorization must accompany this application		ners list on the D	
	100	ehalf of the owner	Think	eed-All)Owners mu	
	2	r(s) a lette) of aut		ust sign or letter(s	
	cnes L	horization must a) of authorization	
	45 21	accompany this a		must accompan	
If you recently	1873	pplication)		y this application	

Date

Attach

Copy of Tax Statement V

ntly purchased the property send your Recorded Deed

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Tool distal	signatu
waterweer presure in Surcure. I not he wied for human habitation.	
Inspected by: Committee or Board Conditions Attached?	Date of Conditi
talla	Inspect
Was Parcel Legally Created X Yes I No Were Property Lines Represented by Owner X Yes	Was
ase #:	Granted
rcel a Sub-Standard Lot Yes (Deed of Record) XNo in Common Ownership Yes (Fused/Contiguous Lot(s)) XNo in three Non-Conforming Yes	Is Parce
nied (Permit De Permit #:
Issuance Information (County Use Only) Sanitary Number: # of bedrooms: Sanitary Date:	issuan
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Idlin (31), Promine (21), Promine (21), Promine (21), Promine (31), Promine (32), Promine (32), Promine (33), Promine (33), Promine (34), Promine (34), Promine (35), Promine	
15 5 9	Prior to the one previou marked by a
Setback to Privy (Portable, Composting) AUA Feet Setback to Privy (Portable, Composting) Feet Setback to Privy (Portable, Composting) From the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be visible from one previously surveyed corner to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from other previously surveyed corner or marked by a licensed surveyer at the owner's expense.	Setback Prior to the other previo
Setback to Septic Tank or Holding Tank /O Feet Setback to Well SY Feet Setback to Drain Field 30 Feet	Setback Setback
70 Feet Setback from 20% Slope Area 96 Feet Elevation of Floodplain 77	Setback Setback Setback
Set Setback from Westland	Setback
Setback from the Centerline of Platted Road 2300′ Feet Setback from the Lake (ordinary high-water mark) 96 Feet Setback from the Established Right-of-Way A/A Feet Setback from the River, Stream, Creek A/A Feet	Setback Setback
complete (1) – (7) above (prior to continuing) LAKE (DALD) changes in plans must be approved by the Planning & Zoning Dept. (8) Setbacks: (measured to the closest point)	Please
Sin	N
Tuse 54 1	<u> </u>
-18-0710-7 GARAGE	PA _{OP}
DRAIN FIRID	
Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond Show any (*): (*) Wetlands; or (*) Slopes over 20%	ne.
/ Indicate: Location of (*):	
Composed Construction	